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ABSTRACT

This compilation of journal articles on cocaine includes a report describing cocaine as the recreational drug of the middle class, statistics from the United States Department of Health on health consequences of cocaine use, an article on "speedballing" (use of cocaine and heroin in combination), and a discussion of the various ways cocaine is adulterated for sale. A selected bibliography concludes the compilation. (LP)

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Do It Now Foundation
Specialized Information Service

Cocaine

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COVER STORY

Cocaine: Middle Class High

The "all-American drug" has hit like a blizzard, with casualties rising

JIM POZARIS—GAMMA/LIAISON

$C_{17}H_{21}NO_4$. *A derivative of* Erythroxylon coca. *Otherwise known as cocaine, coke, C, snow, blow, toot, leaf, flake, freeze, happy dust, nose candy, Peruvian, lady, white girl. A vegetable alkaloid derived from leaves of the coca plant. Origin: eastern slopes of the Andes mountains. Availability: Anywhere, U.S.A. Cost: $2,200 per oz., five times the price of gold.*

Whatever the price, by whatever name, cocaine is becoming the all-American drug. No longer is it a sinful secret of the moneyed elite, nor merely an elusive glitter of decadence in raffish society circles, as it seemed in decades past. No longer is it primarily an exotic and ballyhooed indulgence of high-gloss entrepreneurs, Hollywood types and high rollers, as it was only three or four years ago—the most conspicuous of consumptions, to be sniffed from the most chic of coffee tables through crisp, rolled-up $100 bills. Today, in part precisely because it is such an emblem of wealth and status, coke is the drug of choice for perhaps millions of solid, conventional and often upwardly mobile citizens—lawyers, businessmen, students, government bureaucrats, politicians, policemen, secretaries, bankers, mechanics, real estate brokers, waitresses. Largely unchecked by law enforcement, a veritable blizzard of the white powder is blowing through the American middle class, and it is causing significant social and economic shifts no less than a disturbing drug problem.

Superficially, coke is a supremely beguiling and relatively risk-free drug—at least so its devotees innocently claim. A snort in each nostril and you're up and away for 30 minutes or so. Alert, witty and with it. No hangover. No physical addiction. No lung cancer. No holes in the arms or burned-out cells in the brain. Instead, drive, sparkle, energy. If it were not classified (incorrectly) by the Federal Government as a narcotic, and if it were legally distributed throughout the U.S. (as it was until 1906), cocaine might be the biggest advertiser on television. You can hear the commercials: *Endorsed by the great Dr. Sigmund Freud. The inspiration of poets, artists, inventors! You too can be inspired, thanks to a stimulant revered as sacred eight centuries ago by the great Inca civilization. Start each day right with Snowghurt or Flake Flakes. A little Leaf instead of lettuce for lunch. Toot Sweet, come the Happy Hour.*

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[Band music swells in crescendo.] *Mayke it bet-tah with Coke!**

But coke is no joke. Although in very small and occasional doses it is no more harmful than equally moderate doses of alcohol or marijuana, and infinitely less so than heroin, it has its dark and destructive side. The euphoric lift, the feeling of being confident and on top of things that comes from a few brief snorts, is often followed by a letdown; regular use can induce depression, edginess and weight loss. As usage increases, so does the danger of paranoia, hallucinations and a totally "strung out" physical collapse, not to mention a devastation of the nasal membrane (*see box page 61*). And usage does tend to increase. Says one initiate: "After one hit of cocaine I feel like a new man. The only problem is, the first thing the new man wants is another hit."

This pattern can lead to a psychological dependence whose effects are not all that different from addiction. Moreover, there is growing clinical evidence that when coke is taken in the most potent and dangerous forms—injected in solution, or chemically converted and smoked in the process called freebasing—it may indeed become addictive.

Of all drugs in the U.S., cocaine is now the biggest producer of illicit income. Some 40 metric tons of it will be shipped into the country this year. As coke experts like to point out, if all the international dealers who supply the drug to the U.S. market—not even including the retailers—were to form a single corporation, it would probably rank seventh on the FORTUNE 500 list, between Ford Motor Co. ($37 billion in revenue) and Gulf Oil Corp. ($26.5 billion). Last year street sales of cocaine, by far the most expensive drug on the market, reached an estimated $30 billion in the U.S. (Sales of marijuana, the runner-up and still the most widely used illicit drug, amounted to some $24 billion.)

The most conservative researchers estimate that 10 million Americans now use coke with some regularity, and another 5 million have probably experimented with it. (Other estimates double that figure.) According to surveys by the National Institute on Drug Abuse, about 20% of young adults (18 to 25 years old) used cocaine in 1979, twice the number reported in NIDA's 1977 survey. Another study, by a team of Harvard Medical School researchers, has traced an "astonishing" increase in cocaine use by college students. A 1979 report from the Drug Enforcement Administration has the ring of prophecy: "If present trends go unchecked, a vast new youth market for the substance [cocaine] could be opened. High cost, rather than restricted availability, will remain the principal deterrent to regular use among less affluent persons."

*Coca-Cola did in fact contain cocaine until 1906, when the company had to drop the drug from its secret formula.

BRIAN WOLFF

Gold accessories for the coke elite

DEA

Raw coca leaf from the Bolivian Andes

JIM BRITT

Freebasing fixings for sale at Lady Snow's in Hollywood

Superficially beguiling, but also a dark and destructive side.

And it is all-pervasive. Says Peter Bensinger, outgoing administrator of the DEA: "We see coke sales in suburbs, in recreational centers and in national parks. It is an unrecognized tornado." Nor does this overstate the case. A special investigative team of TIME correspondents found that in Vienna, Ga., or Venice, Calif., a gram of coke was about as hard to find as a six-pack of Bud. Whether in a suburban high school outside Los Angeles, on Wall Street or Madison Avenue or in the interstices of ostensibly "straight" Middle America, $100 will rapidly summon up a gram of what goes for cocaine.

At a restaurant north of Boston, cooks celebrate the last day of their work week as Coke Day, sniffing the white stuff from their first order to their last, often joined by dishwashers, busboys and waitresses, who come by for an occasional hit. A more impatient group in Pasadena, Calif.—a cross section of professionals in their 20s and 30s—celebrates TGIW (Thank God It's Wednesday), gathering at the home of a local car dealer for a coke session at cocktail time.

Coke is found on the job as well as off. A busy Los Angeles lawyer says he uses "a lot" of it "because it helps drive me through a night's work, through a lot of grinding case preparation." Says a counselor at an upper-crust prep school in Massachusetts: "I'd say 10% to 15% of the kids here use cocaine with some regularity." A sun-bleached woman student at the University of Colorado's Boulder campus confesses: "I took all my finals coked out last semester, and I heard a lot of sniffing in the exam room."

A woman who worked as a maid at condominiums in Aspen, Colo., says, "The people used to leave a little cocaine on the table as a tip." Aspen, in fact, is known in faster circles as Toot City because it is so pervaded by coke. In another Colorado mountain resort, Telluride, six prominent citizens, including a former councilwoman, were charged last month with trafficking in cocaine. Says Mark Pautler, director of the police task force that made the arrests: "We have a strong feeling that a lot of people in Telluride knew what was going on but were looking the other way. Coke appears to have been a very acceptable form of recreation."

In a volatile "pass-along" market, almost anybody who buys coke can also be a dealer, "cutting" or adulterating his supply and then selling a por-

DIANE WOLF

Sales clerk at Beverly Hills Headshop displaying user's paraphernalia

In an achievement-oriented society, a belief in a pill for every ill.

tion at a tidy profit. A number of young professional people add $10,000 to $20,000 to their annual incomes —tax free—by dealing coke. Steve, a young California lawyer who sold marijuana to put himself through law school, now has a small, discreet cocaine business. Says he: "I started selling some to close friends because I couldn't afford to buy it for my wife and myself. We found a way to beat inflation." In fact most traffickers like Steve are engaged in a game that resembles the chain letter or pyramid schemes.

In some circles coke is a barter item, readily accepted for dental work, as an accountant's fee or in exchange for a discount on a new car. "I have one friend who got stuck with staggering alimony payments," says Jim Groth, a Southern California newspaper editor. "He started dealing a little, and now he is paying off his wife in toot and everybody is happy."

Many large-scale dealers have women who are known by them as "coke whores." Like rock groupies, they hang around in the expectation of a heart-thumping jolt. Says a juvenile court judge in California: "To the kids here, cocaine means as much in terms of social approval as a car did when we were kids. If a boy produces some coke on a date, it is just expected that the girl is going to put out."

The relative impunity with which people take coke is encouraged by the fact that judges are notoriously reluctant to hand down heavy penalties for possession. Unlike the stereotyped scruffy ghetto addict who turns to mugging or burglary to support his habit, the cocaine user may have a three-piece suit and a well-lined wallet, and probably does his sniffing indoors without becoming unruly or threatening anybody. Says a Cook County, Ill., lawman: "These people are not the dregs of society. They tend to be legitimate business people." The Fourth District Appellate Court in Illinois last March ruled that cocaine is not a narcotic and thus is misclassified in the state's criminal code. Further, the court found "no causal connection between the ingestion of cocaine and criminal behavior." The confusion in law enforcement is compounded by the fact that many coke deals are arranged by lawyers, and lawyers and judges are prominent in the social circles that use the drug.

And so the toot goes on. In some of the better Madison Avenue offices, admen offer clients coke instead of martinis. Says one New York advertising executive: "About 75% of all the bright young Turks in the advertising business use some regularly, some occasionally, but they all use it. Spill out a couple of grams of that white stuff on the table and everyone knows where you're coming from."

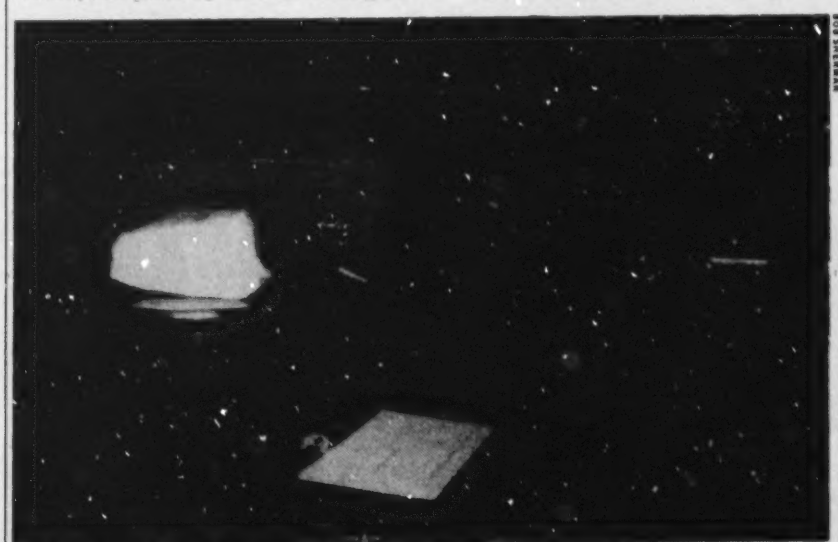
Such encomiums are in keeping with the kind of raves that cocaine has enjoyed in the past. In 1885, Parke-Davis, a U.S. pharmaceutical company, promoted it as a wonder drug that would "supply the place of food, make the coward brave, the silent eloquent, and free the victims of alcohol and opium habit from their bondage." Sherlock Holmes, of course, injected a 7% solution to while away the days between cases. In his classic *Modern Times*, Charlie Chaplin snorted a white powder before taking on all challengers. Freud, who prescribed the drug for treatment of morphine addiction, stomach disorders and melancholia, wrote of getting from it "exhilaration, and lasting euphoria which in no way differed from the normal euphoria of the healthy person."

An enterprising 19th century Corsican named Angelo Mariani had the notion of blending the coca leaf with fine wine, which he marketed under the name of Vin Mariani. Mariani collected endorsements from Popes Leo XIII and Pius X, President McKinley and the Kings of Spain, Greece, and Norway and Sweden, as well as such literary luminaries as Jules Verne, Alexandre Dumas and Emile Zola. French Sculptor Frédéric Auguste Bartholdi, designer of the Statue of Liberty, swore that if he had only savored Vin Mariani earlier, he would have built the old girl hundreds of meters higher.

Cocaine is the caviar of drugs, except that it is 70 times as costly as the finest beluga. While an eclectic consumer might feel that caviar and a bottle of Bollinger *brut* give a headier, cheaper and wholly licit lift to an evening, many American hedonists get more of a kick* through the nose.

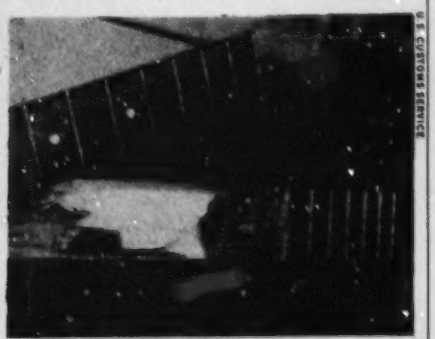
Coke paraphernalia are openly displayed in "head shops" such as Washington's Pleasure Chest and Lady Snow's in Hollywood. Artifacts include gleaming jade cutting stones, gold razor blades to

*Cole Porter's song from *Anything Goes* (1934) had the line "I get no kick from cocaine." It was sometimes amended to "Some like the perfumes of Spain."



BOB SCHERER

Customs officer weighing one packet of the 250 lbs. seized last month at Miami Airport



U.S. CUSTOMS SERVICE

Inside a passenger's guitar, a stash of snow

chop the coke crystals and tiny brown bottles for sniffing (an antique gold Tiffany snuff bottle capable of holding two grams sold for $28,000 in Beverly Hills last year to an Iranian). Items like silver and gold sniffing spoons are flaunted on chains around the users' necks. The process of spreading the coke on a table in "lines" for sniffing is as elaborate and careful as a Japanese tea ceremony—an affectation hilariously burlesqued in the 1977 film *Annie Hall* when Woody Allen sneezed at the wrong moment and blew away hundreds of dollars' worth of the precious powder.

In *Snowblind*, a 1976 study of cocaine dealing that has become something of a cult book, Robert Sabbag wrote: "Cocaine, like motorcycles, machine guns and White House politics, is, among many things, a virility substitute. Its mere possession imparts status—cocaine equals money, and money equals power. And, as if in mute imitation of its symbolism, cocaine's presence in the blood, like no other drug, accounts for a feeling of confidence that is rare in the behavioral sink of post-industrial America."

The pleasure is the problem.

A cocaine high is an intensely vivid, sensation-enhancing experience—though there is no evidence, as is often claimed, that it is aphrodisiacal. For many users, it goes beyond the Freudian euphoria. Says a Manhattan ballerina: "It makes you shiver in tune with the raw, volcanic energy of New York. It bleeds your sense till you see the city as an epileptic rainbow, trembling at the speed of light." Test programs at U.C.L.A. have shown that lab monkeys will forgo both food and sex in favor of an injection of a cocaine solution.

But even casual sniffing can lead to more potent and potentially damaging ways of using cocaine and other drugs. Many cokeheads take sedative pills like methaqualone, brand-named Quaaludes (tons of which are illegally imported from Colombia) to calm down after their high and take the edge off their yearning for more coke. A few smoke marijuana for the same purpose, or mix their C with heroin in a process called "speedballing" or "boy-girl." This produces a tug-of-war in which the exhilaration of coke is undercut by the heroin. As one former user describes the sensation, "It's like taking an elevator at 100 m.p.h. to the top of the Empire State Building and then someone cuts the cable."

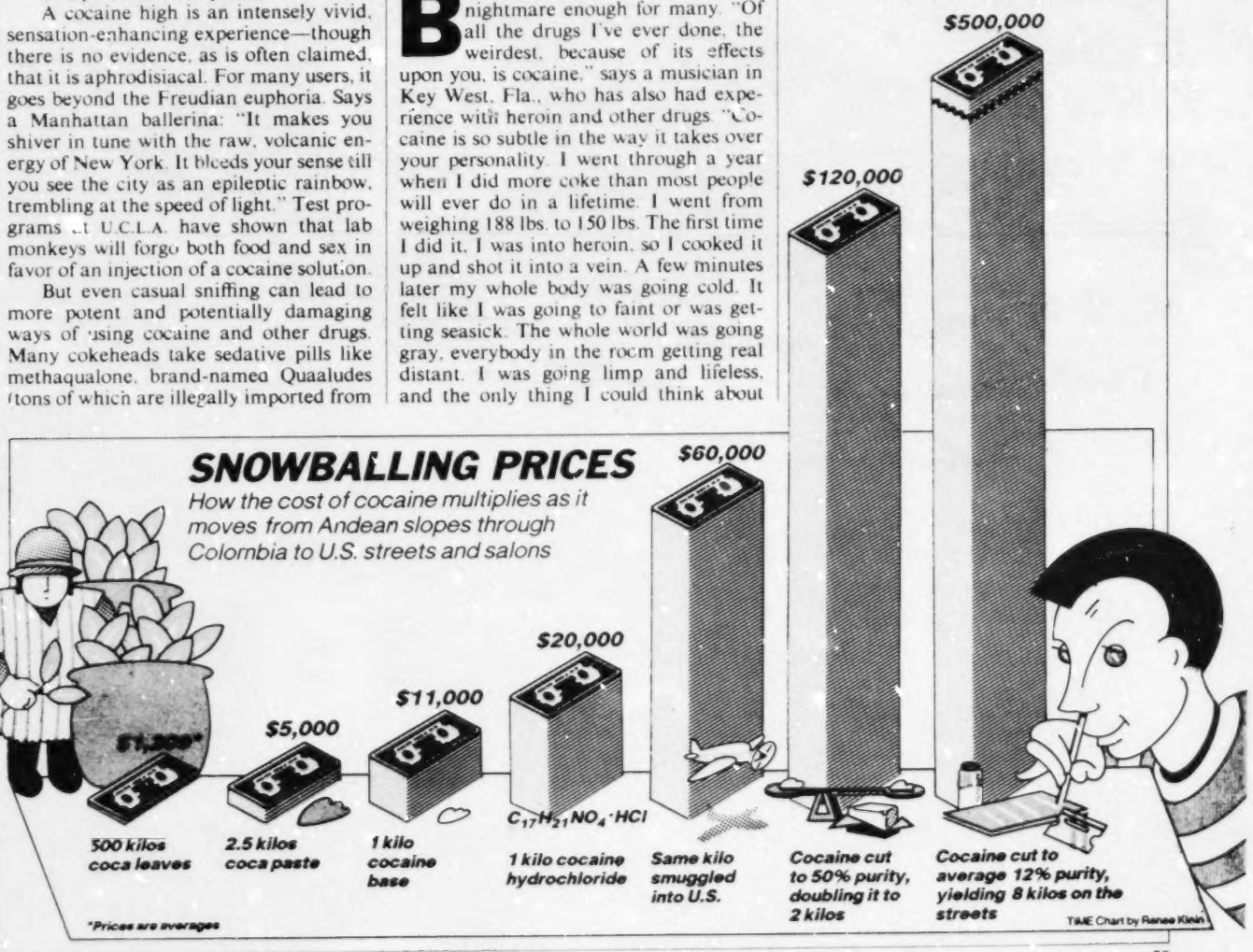
A few middle class users who dabble with heroin in conjunction with cocaine smoke it rather than inject it in their veins like the ghetto kid. This, they believe, prevents addiction. Not so. Heroin, however used, is a fiercely addictive drug, and treatment centers are receiving an influx of well-dressed, well-to-do men and women who have sorely underestimated it. In Manhattan alone, dozens of such people can be seen early each morning standing in line at the clinic of Greenwich House West, where they are administered methadone in an attempt to wean them from heroin.

But cocaine, all by itself, can be nightmare enough for many. "Of all the drugs I've ever done, the weirdest, because of its effects upon you, is cocaine," says a musician in Key West, Fla., who has also had experience with heroin and other drugs. "Cocaine is so subtle in the way it takes over your personality. I went through a year when I did more coke than most people will ever do in a lifetime. I went from weighing 188 lbs. to 150 lbs. The first time I did it, I was into heroin, so I cooked it up and shot it into a vein. A few minutes later my whole body was going cold. It felt like I was going to faint or was getting seasick. The whole world was going gray, everybody in the room getting real distant. I was going limp and lifeless, and the only thing I could think about was to concentrate on my breathing."

After that he switched to sniffing regularly. "I wasn't as aware of my personality changes as the people around me," he recalls. "Your life seems to be getting faster paced. After I'd done it for a while, I'd look at everybody funny. You get to where you don't trust the people you're around. You go to a pay phone in the middle of a city you've never been to before in your life and you think it's bugged —really and seriously."

Finally friends and his wife helped him to see how distorted his life had become. "Two or three sat down with me and said, 'Look, we just can't handle being around you any more, so would you mind just not coming by?' "

Since sniffing cocaine produces such a quick, short boost, more and more users have sought the deeper ecstatic "rush" that comes from "freebasing," smoking a chemically treated form of the powder. The large, concentrated doses used in freebasing require even more money than the straight powder, which is one reason why the practice has been more prevalent among highly paid celebrities such as Comedian Richard Pryor and former Dallas


SNOWBALLING PRICES
How the cost of cocaine multiplies as it moves from Andean slopes through Colombia to U.S. streets and salons
$1,200*
$5,000
$11,000
$20,000
$60,000
$120,000
$500,000
500 kilos coca leaves
2.5 kilos coca paste
1 kilo cocaine base
$C_{17}H_{21}NO_4 \cdot HCl$
1 kilo cocaine hydrochloride
Same kilo smuggled into U.S.
Cocaine cut to 50% purity, doubling it to 2 kilos
Cocaine cut to average 12% purity, yielding 8 kilos on the streets
*Prices are averages
TIME Chart by Renee Klein

Cowboys Linebacker Thomas ("Hollywood") Henderson *(see box page 62)*.

But anybody with a ready stash of cash can become ensnared in freebasing, as is shown by the experience of Mary (not her real name), 25, the owner of a dog kennel in Sonoma County, Calif. Mary was appalled when her brother, manager of an auto-parts store, sold his car, quit his job and began obsessively freebasing. Despite her concern, she tried it too and soon became just as hooked. Says she: "I sort of abandoned my life in every way." She and her brother had an inheritance from a wealthy grandmother, of which Mary's share was $120,000. After a year of five- or six-day binges followed by several days of sleep and then more binges, Mary had run through most of the inheritance, lost 20 lbs. and, in her rundown condition, developed back pains and a spastic colon.

What persuaded her to seek drug treatment was an experience that could have killed her and her brother. Like many freebasers, they used sedatives to come down off a high. "You're wired up like a mad dog," says Mary, "and your body's been running at 150 miles an hour for days." One night, after freebasing in the rear of her van, they took some Quaaludes and passed out, leaving an unlit propane torch with its nozzle open—creating a risk that a stray spark could ignite the propane and blow up the van.

At least 90% of all the coca leaf in the world comes from moist, infertile mountain land in Peru and Bolivia, whose governments cherish the crop as one of their principal exports. Raw coca leaves are soaked in various chemicals and oil. The result is a muddy brown paste, which is purified into so-called coca base, a dirty white, almost odorless substance, which is usually shipped to laboratories in Colombia for refining.

The final product is not as much in demand in Europe as in the U.S. Explains an Italian drug expert: "On such things Europe is about five years behind." Nonetheless, in cosmopolitan cities from Munich to Milan, prostitutes have easy access to cocaine for their customers, and fashionable restaurants and nightclubs have a ready supply for the would-be snorter.

From the Andes to the American nose, the trade is almost entirely controlled by Colombians, who process the drug and smuggle it into the U.S., largely by boat and plane. Enterprising individuals have hidden cocaine in everything from hollowed-out candy bars and native "carvings" to wigs, souvenirs and even plastic sacks in their stomachs, which occasionally burst, causing death.

In Bogotá, the Colombian capital, a kilo of 90% pure cocaine costs $4,000; in New York City, it is worth $60,000. It is then cut or "stepped on" with adulterants like lactose (a nutrient), to add weight and volume, amphetamines to give a cheaper high and procaine to simulate coke's numbing effect. Since the powder that reaches the street often contains no more than 12% pure cocaine, the original kilo, or "key," has now been fattened to some eight kilos and will bring $500,000 or more.

Despite the dilution, so suggestive is coke's mystique, and so eager are people to believe in its efficacy, that buyers usually feel that they get high on it anyway. As a Manhattan coke connoisseur puts it, "Anyone who puts out a hundred bucks for a gram figures it has to be good."

GINGER WALL

A Manhattan freelance artist sniffs during his lunch break

Feeling stronger, smarter, faster, more able to cope.

The cocaine trade may be the most lucrative form of commerce in the world. Periodic glimpses of its staggering scale are afforded by headlines such as those in Wilmington, N.C., early this month. DEA and U.S. Customs officials swooped in on a twin-engine Cessna that made an unscheduled nighttime landing, arresting the pilot and a passenger and seizing their cargo of 440 lbs. of cocaine. The estimated wholesale value of the shipment: $16 million.

The drug's main port of entry is Miami. By no coincidence, the Miami branch of the Federal Reserve Bank of Atlanta is the only branch bank in the U.S. Reserve system to show a cash surplus—$4.75 billion worth in 1980. A likely explanation: laundered cash from drugs.

Allan Pringle, deputy regional director for the DEA, says of Miami: "The brokers are here, the financiers are here, the heads of the organizations are here." More than 80% of all cocaine seized worldwide is confiscated in Florida—yet by the most optimistic estimate, seizures of smuggled dope account for no more than 10% of the total traffic entering southern Florida. Arrests of cocaine smugglers and dealers pose a huge logistical problem: what to do with the confiscated cash. Says Pringle: "In some cases we've had so much cash on our hands that we've had difficulty transporting it for storage. We're talking literally about billions in small bills."

"We were being overwhelmed," says Peter Bensinger, whose recent firing by the Reagan Administration was precipitated by the DEA's poor showing. Says Miami Police Lieut. Robert Lamont, who heads the department's narcotics detail at the city's airport: "It's an epidemic right now. If you took all the drug money out of south Florida, the economy would totally collapse."

Thanks to drug-generated income, buyers in southern Florida frequently shell out cash for expensive yachts or condominiums. Seldom is a question asked or an eyelid batted in such cases. As Miami *Herald* Editor Jim Hampton observes, "What should a real estate dealer do when a man in his late 20s or 30s with no visible source of income plunks down $250,000 cash for a house or condo? What should a banker do when a customer's account shows huge cash deposits, frequent wire transfers of funds to numbered accounts abroad, and other evidence that the banker knows is suspicious? None of these businessmen can be expected to turn away the customer. He'll simply find another seller who'll shrug and say, 'Well, there's nothing illegal about paying cash. And what am I anyway, a one-man morals squad?' "

With such huge profits at stake, the Colombian connection works with savage efficiency. Once landed in the U.S., the drug is distributed largely by grim professionals, many of them expatriated Cubans. The Colombians and Cubans are known as the "cocaine cowboys" for their willingness to kill in order to protect their racket. According to the DEA there were 135 confirmed drug-related murders in Florida's Dade County last year. Most were connected with the cocaine trade, say the authorities.

The "cowboy" brigades are as tightly organized as the military. Not only can they afford the best boats, planes, navigational equipment and weaponry that money can buy, but they have also hired experienced military talent to supervise their operations. The smugglers have their

A Fire in the Brain

Drug laws in the U.S. classify cocaine as a narcotic, along with opium, heroin and morphine. Yet the last three are "downers," which quiet the body and dull the senses, while coke is a stimulant, or "upper," similar to amphetamines. It increases the heartbeat, raises blood pressure and body temperature, and curbs appetite. Like a shot of adrenalin, coke puts the body into an emergency state.

Exactly how coke does that is something of a medical puzzle. But like other stimulants, even caffeine, it apparently intensifies the action of body chemicals called neurotransmitters. Firing off one nerve cell after another like a string of firecrackers, these chemicals help send tiny electrical impulses coursing through the nervous system. (By contrast, narcotics tend to suppress these impulses.) As the signals multiply, they inundate the system's peripheral areas, which control such involuntary functions as the pulse and perspiration. They also flood at least three critical parts of the brain itself: the cerebral cortex, which governs higher mental activities like memory and reasoning; the hypothalamus (appetite, body temperature and sleep as well as such emotions as anger and fear); and the cerebellum (walking, balance and other motor activities).

The consequences are inevitable. "Like an overburdened telephone switchboard," explains Dr. Walter Riker Jr., chief of pharmacology at New York Hospital–Cornell Medical Center, "the brain cannot handle all the messages. There is too much information flowing in, and the user becomes hyperaroused." With higher doses and chronic use, the alertness and exhilaration so prized by coke's connoisseurs quickly turn into darker effects, ranging from insomnia to full-fledged cocaine psychosis. Even a single overdose can cause severe headaches, nausea and convulsions—indeed, total respiratory and cardiovascular collapse. Says U.C.L.A. Psychopharmacologist Ronald Siegel: "Extreme cocaine dosages light a kind of fire in the brain."

JIM BRITT

U.C.L.A.'s Siegel: the most "tenacious" drug

Ignition can occur in various ways. "Snorting," or sniffing the white powder, ensures absorption of the drug into the bloodstream through the mucous membranes. But it also constricts the myriad little blood vessels in these membranes, reduces the blood supply and dries up the nose. With repeated coke use, ulcers form, cartilage is exposed and the nasal septum can be perforated, requiring repairs by plastic surgery. (Savvy users rinse their noses with water after sniffing to wash away the irritants.)

To avoid the impurities of street coke and obtain a greater jolt more users are resorting to freebasing. After dissolving a substantial quantity of coke in an alkaline (basic) solution, they boil the brew until a whitish lump, or freebase, is left. The lump can be purified further by washing it in a strong solvent. Then it is smoked, often in a water pipe. That way a highly concentrated dose is absorbed into the blood even faster via the lungs than through the nasal membranes.

A few users inject a solution of it directly into the bloodstream. "Shooting" is especially perilous. Not only can the high initial dose send the body into a frenzy, but just a little more than a gram of pure coke can be fatal. There is also a great risk of deadly reactions from dirty syringes or contaminants in the coke. Dr. Charles Wetli, deputy chief medical examiner for Florida's drug-plagued Dade County, reports seeing cases where the needle was still in the dead victim's arm.

As lethal as shooting or freebasing may be, in proper hands cocaine can be medically useful. During the 19th century it was widely used as a local anesthetic because of its numbing properties. Since it constricts blood vessels and thus inhibits bleeding, it was particularly helpful during surgery on such sensitive, blood-rich parts of the body as the eye. It is still the anesthetic of choice for surgery on the nose, throat, larynx and trachea.

Unlike such downers as heroin or Quaaludes, cocaine is physically non-addictive, without strong withdrawal symptoms. Still, it can damage the liver, cause malnutrition and, especially among those with cardiac problems, increase the risk of heart attacks. Equally disturbing, says Siegel, "it is the most psychologically tenacious drug available." Coming down from a high may cause such deep gloom that the only remedy is more cocaine. Bigger doses often follow, and soon the urge may become a total obsession, with all its devastating consequences.

own intelligence, counterintelligence and reconnaissance units. Their logic is as blunt as their favorite Mac-10 submachine gun: any sizable bust by the feds must of necessity be the result of a tip-off. You find the squealer and eliminate him.

The drug trade has flooded the southern Florida criminal justice system with more offenders than it can handle. "Some officers are coming to the point of being totally frustrated with the court system," says Lieut. Lamont. "Even for large amounts of cocaine, we're seeing a revolving-door kind of system where there's no fine, no sentence, no slap on the wrist." Lamont and other honest policemen are aware that some fellow officers, not to mention high-standing community members, may be making big money from cocaine. The scenario of a defense attorney being paid off in cocaine and a judge being a dealer? Lamont nods. "The corruptibility factor is there. The money is there to be made."

Smuggling, murder, corruption, vast sums of money—all are deeply corrosive byproducts of the cocaining of America. So too are the physical shocks, the attrition of nerves, of health, of whole years of potentially productive life. Part of the underground economy of cocaine must be calculated in vast negative numbers: labor undone, careers sidetracked, money diverted from worthy projects.

But what of the purely social impact, especially among those millions of good people who would never remotely think of themselves as criminals, even though they are regularly flouting the law and sending out signals to other segments of society that it is all right to do so? They would never consider themselves addicts either, even though they devoutly believe in getting high for a little extra edge, for relief, for fun. What does their persistent and growing use of coke say about them?

Americans inhabit a society in which they are conditioned from infancy to believe there is a pill for every ill: what one expert calls "jet-age pharmacology." By contrast, Winston Churchill is credited with the observation that "most of the world's work is done by people who do not feel very well." In the U.S. particularly, says Psychiatrist Mitchell Rosenthal, "people believe that you don't have to feel uncomfortable if you have the right doctor, the right drug connection, the right pusher. We have lost touch with the fundamental notion that people can operate not always feeling terribly well. Taking cocaine is not the answer. In the end it leaves you psychologically bankrupt."

Quite apart from the Dr. Feelgood syndrome, some observers point to the intense competitiveness of American life as a major motivation for drug use. Says English-born Author Christopher Isherwood (*Berlin Stories*), who lives in Santa Monica, Calif.: "Americans are awfully rattled about their jobs. Can they deliver properly, can they do it? Life is a nasty, rough game, always was. Some people can't face

it without some sort of backup." Rajendra Misra, Indian-born executive director of a community health center in East Cleveland, Ohio, maintains: "Right from childhood in this country there is pressure for accomplishment. Every time we do something, we are made aware of the fact that either we are achieving or we are failing. There's nothing in between."

Part of the allure of cocaine is the popular, but inaccurate, notion that it can make a male a keener achiever in bed. Says Lawrence Ross, director of a Marin County treatment center: "There is a tremendous premium on sexual performance for men. It is the one thing that people think they have to be good at." In fact, after sustained use cocaine can cause sexual dysfunction and impotence.

More profoundly, some observers of the American scene see an existential vacuum, a widespread sense that life has lost much of its meaning. Argues Philosopher Sidney Hook: "We have abandoned our old-fashioned values. We have given up our old gods. People want things to come easily, they no longer want to work hard, to suffer any pain, to feel any stress or anxiety." Since the turbulence of the 1960s, more and more Americans have come to feel that they have lost control over their lives. Finding Mom, God and apple pie less fulfilling, many have increasingly taken refuge in drugs, sex and disillusion.

"In a society that says drug taking is O.K.," suggests Rosenthal, "cocaine gives the user the illusion of being more in control. People feel stronger, smarter, faster, more able to cope with things. It's more

Some Close Encounters

In the latest remake of the movie *A Star Is Born*, a rock-'n'-roll manager has a cache of cocaine ready backstage at an outdoor concert. When Kris Kristofferson, playing the rock star, arrives, the manager gives him a "one and one"—a toot in each nostril—just before he leaps onstage. Fireworks!

In the public mind, glamour is the trademark of coke. The archetypal users are still rock stars, movie actors, pro athletes, jet-setters—people who might be assumed to rely on coke to meet the pressures of peak performance. It is true that some show-business figures have used cocaine to bolster their creative energies, and record producers have dispensed the drug to keep rockers recording all night. But many signs indicate that celebrities, like other people, use coke chiefly for recreation. Few dancers will snort coke before a performance; it throws off their precise mind-body coordination. Few football players toot before the big game; those who use drugs might seek the longer-lasting boost of amphetamines, or "speed." Instead, coke fuels the victory parties, fills the void when the applause is over, coaxes away inhibitions. The man in the moon sniffing coke from a spoon: under that tableau at New York City's Studio 54, trend-setters used to disco all night.

Keith Richard

Much about the use of cocaine by celebrities has been highly publicized, including the arrests. Among them: Linda Blair, cherub-faced star of *The Exorcist;* Louise Lasser, the ill-fated Mary Hartman; Symphony Conductor Michael Tilson Thomas, who plea-bargained down to a disorderly-conduct charge; Rolling Stone Guitarist Keith Richard, whose hard living is legend; Comedian Flip Wilson, who was taken into custody only hours before a scheduled meeting with Los Angeles Mayor Tom Bradley. Not even the White House has been untouched. Dr. Peter Bourne, the Carter drug adviser who resigned after giving an aide a prescription for Quaaludes under a fictitious name, once stated that there was "occasional" use of cocaine among White House staffers (although a later charge that Carter's Chief of Staff Hamilton Jordan had sniffed it on an outing to Studio 54 proved groundless).

Few celebrities actually go to jail for cocaine habits, but Football Players Randy Crowder and Donald Reese of the Miami Dolphins were not so lucky. Arrested in 1977 for trying to sell a pound of coke to undercover police, they were sent to the Dade County stockade for a year. Texas Rangers Pitcher Ferguson Jenkins made headlines with his arrest and conviction last year after Canadian customs officials found cocaine, marijuana and hashish in his suitcase. Although Jenkins' conviction was erased, he was suspended for two weeks by Baseball Commissioner Bowie Kuhn. Last February, Thomas ("Hollywood") Henderson, a former Dallas Cowboys linebacker, checked himself into a Scottsdale, Ariz., drug rehabilitation center. Says he: "Drugs became my downfall. I lost friends, family and career."

Louise Lasser

The National Basketball Association has sponsored a drug education program for seven years. The National Football League has retained professional drug counselors in the 28 N.F.L. cities. Houston Oilers Coach Ed Biles is starting a drug course for his players this fall, to be taught by doctors and the Houston vice squad. Says Biles: "We're trying to stay ahead of the game."

The white tornado seems to have hit Hollywood particularly hard. At this spring's Oscar ceremony, Johnny Carson remarked: "The biggest moneymaker in Hollywood last year was Colombia. Not the studio—the country." Reports abound of coked-up parties and drugged-out meetings. Earlier this year, *TV Guide* lent a degree of credence to such talk in a two-part series concluding that, among other things, cocaine was partly responsible for the low quality of television programming inflicted upon Americans. Though the articles were understandably short on names and specifics, the House Select Committee on Narcotics Abuse and Control somewhat hastily set up hearings in Hollywood to probe drug abuse. Even some of the entertainment world's most outspoken opponents of drugs, such as Cathy Lee Crosby and Edward Asner, refused to testify, calling the hearings a witch hunt.

Says Grant Tinker, head of MTM Productions, who took full-page ads in the trade papers denouncing the *TV Guide* articles: "The blizzard is exaggerated. With the affluence around, I'd guess there's the same amount of use on Capitol Hill and Wall Street." That is not necessarily a comforting defense. Protests Jeff Wald, Helen Reddy's manager and husband, himself a former heavy cocaine user: "I've never seen coke used as a means of barter or a way of making a deal."

Hollywood Henderson

Nonetheless, cocaine may be taking its toll. Authoritative reports persist of recording sessions that have to be scrapped because of spaced-out musicians, and of movie shoots that are disrupted because

than the pleasure principle." What these people tend to overlook, points out Charles Schuster, director of the Drug Abuse Research Center at the University of Chicago, is the tremendous psychological risk: "One of cocaine's biggest dangers is that it diverts people from normal pursuits; it can entrap and redirect people's activities into an almost exclusive preoccupation with the drug."

On the other hand, that may be what attracts some to it. As Christopher Lasch wrote in his 1978 book *The Culture of Narcissism:* "To live for the moment is the prevailing passion—to live for yourself, not for your predecessors or posterity. We are fast losing the sense of historical continuity, the sense of belonging to a succession of generations originating in the past and stretching into the future. It is the waning of the sense of historical time—in particular the erosion of any strong concern for posterity—that distinguishes the spiritual crisis of the '70s." This seems most distressingly true of the students and other young people among whom cocaine is spreading so rapidly—despite the fact that they are the ones who have the greatest need to believe in a future and to trust in a posterity.

There is little likelihood that the cocaine blizzard will soon abate. A drug habit born of a desire to escape the bad news in life is not likely to be discouraged by the bad news about the drug itself. And so middle class Americans continue to succumb to the powder's crystalline dazzle. Few are yet aware or willing to concede that at the very least, taking cocaine is dangerous to their psychological health. It may be no easy task to reconvince them that good times are made, not sniffed. *—By Michael Demarest. Reported by Jonathan Beaty, Steven Holmes and Jeff Melvoin, with U.S. bureaus*

Julia Phillips

members of the cast or crew are under the influence. According to a member of the *Heaven's Gate* crew, thousands of dollars' worth of coke was being sent up to the Montana location from Hollywood regularly from July to November 1979.

Julia Phillips, 37, who won an Academy Award for *The Sting*, admits that she was using cocaine heavily while producing that otherworldly movie *Close Encounters of the Third Kind*. Hers is a terrifying odyssey from the front lines of the movie business to a retreat behind the white walls of her Benedict Canyon home. She is one of the few celebrities who will talk with candor about a close encounter of the worst kind.

"The reason people who are in the entertainment business are so attracted to coke is that it picks you up," Phillips says. "It's a very erratic business. Say you're an actor and you're performing for twelve weeks and then you wait a half-year for work. I'm still not sure about why I became such a heavy user. I think I used coke as a manipulative instrument. Men traditionally have used coke for sexual favors. I dispensed it for creative favors. I mean, I did get two or three jobs done in a very short time."

During the 18-hour days of filming *Close Encounters,* Phillips became a dedicated coke user. "It didn't do much for personal relationships," she says, "and a lot of this business is personal relationships. I could stay up all night thinking up ideas, but I wasn't likely to present them in the nicest fashion possible. I mean tact goes out the window."

Phillips began the dangerous practice of freebasing in 1978. She fell into a pattern of staying awake for three days, then sleeping for 24 hours. Her weight dropped from 110 lbs. to 93. "I looked like someone out of Dachau," she recalls. "I had terrible hallucinations, particularly when night fell. There was always a prowler outside my front door with evil in his heart and a gun in his hand. I thought I had bugs coming out of my skin."

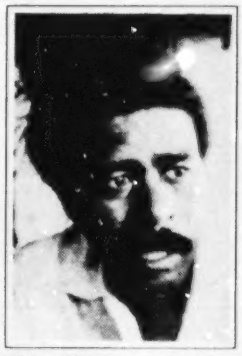
Mackenzie Phillips

Divorced in 1976 from Producer Michael Phillips, she has joint custody of their seven-year-old daughter. "My little girl used to follow me around the house with a deodorant can spraying behind me because she hated the smell from freebasing," she says. "I started locking doors behind me and finally one morning she said, 'I know what you're doing. It's better if you leave the door unlocked.' "

Finally, worried about her own survival and her ability to care for her daughter, who was urging her to stop, Phillips turned to U.C.L.A. Psychopharmacologist Ron Siegel. "Ron showed me pictures of monkeys that had been fed freebase, batting away at unseen enemies. One of them had retreated from the whole chimp community up a palm tree. I looked at him at the end of the branch, holding on with an expression of such terror, and I saw myself in the face of the monkey."

Phillips estimates that she spent $1 million on cocaine in ten years. Now working on film projects at MGM and a book based on her own drug experience, Phillips says: "Living on the edge is one thing, but when it becomes clear that you are about to fall off, it's another. I don't want to be caught in that cocaine maelstrom again."

Many other show-business people are finding cocaine less than glamorous. Says TV Writer-Producer Edward Zwick *(Family):* "There's a growing backlash in the industry about it. The way it exaggerates or exploits people's characterological weakness is quite evident." Actor Richard Pryor, who nearly died in a fiery explosion last June, denies that he was using cocaine at the time, although he admits that he had been freebasing for three days before the accident. He is now living on health foods in Hawaii. John Phillips, 45, former lead singer of the Mamas and the Papas (and no relation to Julia), was arrested at his house in Southampton, N.Y., last summer for conspiracy to distribute narcotics. Both he and his daughter, Actress Mackenzie Phillips, 21, checked in to a psychiatric hospital in New Jersey to cure their cocaine habits. Now they are working as counselors to help other addicts. Says John: "Getting arrested was the best thing that ever happened to me."



Richard Pryor

The latest antidrug crusade is by Robert Evans, producer of *Urban Cowboy* and *Popeye:* involved in a $19,000 cocaine case last year, he agreed to create a series of musical mini-spectaculars for TV and radio, scheduled to debut this fall, in which such stars as Bob Hope, Muhammad Ali and Carol Burnett offer teen-agers an alternative to drugs—namely, self-respect. But the ultimate warning may be the drugs themselves. Says Jeff Wald: "My 18-year-old daughter is totally turned off drugs by seeing their prevalence. We may very well be entering an age of detoxification."

Perhaps. But a detoxified Julia Phillips still admits, "There isn't a day I don't think about starting again. If I were in a room where people were smoking freebase, I'd have to leave because it is still too great a temptation." *—By Ellie McGrath. Reported by Robert L. Goldstein/Los Angeles*

CENTERS FOR DISEASE CONTROL

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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Current Trends

National Surveillance of Cocaine Use and Related Health Consequences

A recent report on extensive surveillance of cocaine use and related health consequences compiled by the National Institute on Drug Abuse (NIDA) of the U.S. Public Health Service is discussed below.

An initial report from the early 1970s stated that little cost to society attributed to cocaine use had been verified in the United States (*1*). This pattern of low cost was believed to reflect the route of administration most commonly used, i.e., sniffing or "snorting," and an estimated low prevalence of chronic use. However, use of cocaine has increased substantially in the United States since that time. A more recent report indicates that almost 10 million people over the age of 11 years reported having used cocaine during the year preceding the survey, and almost half of these had used cocaine during the month before the survey (*2*). Two-thirds of these self-reported cocaine users were between the ages of 18 and 25 years. Overall, the number of people in the United States reporting cocaine use in 1979 was more than double that in 1977 (*3*). Additional survey data from 1975 through 1981 show a similar trend for graduating high school seniors (*4*). There was a substantial increase in the number of these students who reported having used cocaine both during the year and the month preceding the survey, i.e., from 5.6% to 12.4% and from 1.9% to 5.8%, respectively.

The recent marked increase in the prevalence of cocaine use is also reflected in health consequences associated with use. Figure 1 shows data on morbidity and mortality associated with cocaine use reported to the Drug Abuse Warning Network (DAWN)* (*5*) and the rate of

*DAWN is a morbidity- and mortality-information system, funded by NIDA, in which data are collected from a non-random sample of more than 800 hospitals located in 26 major metropolitan areas in the continental United States and in a national panel of hospitals outside these areas, and from medical examiners/coroners located in the 26 major metropolitan areas.

TABLE 1. Number of cocaine-related emergency-room cases reported to DAWN, by age and sex, January 1977-November 1981, United States

Age in years	Male		Female		Total	
	No.	%	No.	%	No.	%
<20	772	8.5	683	15.8	1,455	10.8
20-29	4,969	54.5	2,637	61.1	7,606	56.6
30-39	2,594	28.4	809	18.8	3,403	25.3
≥40	737	8.1	156	3.6	893	6.7
Not recorded	51	0.5	29	0.7	80	0.6
Total	9,123	100.0	4,314	100.0	13,437	100.0

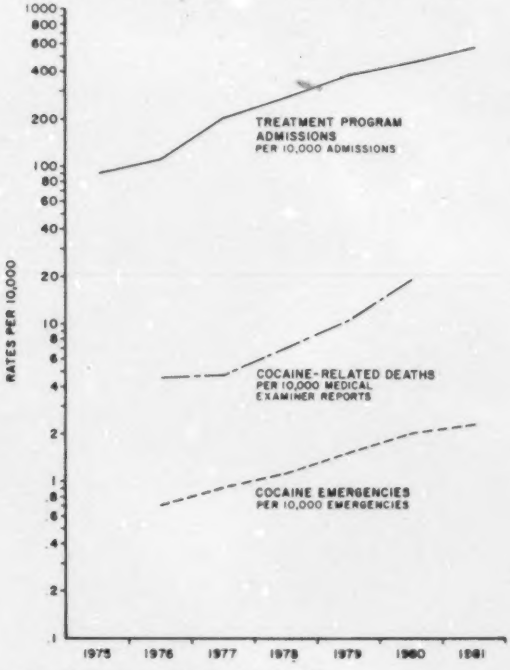
Cocaine Use -- Continued

treatment-program admissions for problems related to cocaine use reported to the Client-Oriented Data Acquisition Process (CODAP)† (*6*). As the figure shows, there was a more than 3-fold increase in the rate of cocaine-related emergencies/10,000 emergencies (from 0.7 to 2.3) and the rate of cocaine-related deaths/10,000 medical-examiner reports (from 4.5 to 19.1) between 1976 and 1980-1981. At the same time, the percentage of cocaine-related treatment-program admissions increased more than 6-fold in the period 1975-1981.

Males associated with reported non-fatal cocaine-related emergencies outnumber females by more than 2 to 1 (Table 1), a ratio that is consistent with prevalence estimates for current use of cocaine. The prevalence ratio for cocaine use is 7 to 1 for whites compared with all

†CODAP was a drug-abuse treatment-program information system, operated by NIDA, through 1981, in which data were collected for persons admitted to all federally funded treatment programs in the United States.

FIGURE 1. Rates of emergencies, deaths, and treatment program admissions associated with primary cocaine use, DAWN and CODAP, United States, 1975-1981*



*Preliminary data for treatment program admissions in 1981.

Source: National Institute on Drug Abuse Statistical Series D, U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration.
Drug Abuse Warning Network, DECHIST 1981 Tape, National Institute on Drug Abuse, U.S. Department of Health and Human Services, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration.

Cocaine Use – Continued

other races; the emergency cases for which race/ethnicity is recorded are about equally distributed between whites and others (Table 2). Clear age differences exist, however, in both sex and race categories, with females being younger than males and whites being younger than blacks.

Despite regional variability in cocaine-related morbidity rates, almost all metropolitan areas reporting to DAWN have shown substantial increases in the period 1976-1981 (Table 3). Although a portion of the increase may have resulted from improved reporting—

TABLE 2. Number of cocaine-related emergency-room cases reported to DAWN, by age and race, January 1977-November 1981, United States

	White		Black		Other		Not recorded		Total	
Age in years	No.	%	No.	%	No.	%	No.	%	No.	%
< 20	891	15 5	311	6 0	62	9 7	191	10 4	1,455	10 8
20-29	3,516	61 3	2,716	52 1	355	55 6	1,019	55 3	7,606	56 6
30-39	1,121	19 5	1,633	31 3	165	25 9	484	26 3	3,403	25 3
≥40	187	3 3	529	10 1	53	8 3	124	6 7	893	6 7
Not recorded	24	0 4	29	0 5	3	0 5	24	1 3	80	0 6
Total	5,739	100 0	5,218	100 0	638	100 0	1,842	100 0	13,437	100 0

TABLE 3. Rate of non-fatal cocaine-related emergencies reported to DAWN/100,000 emergencies, by metropolitan area, 1976-1981, United States

Metropolitan area	1976	1981
San Francisco	1 5	9 3
New York	2 1	9 0
Miami	5 9	6 3
Denver	0 4	3 4
Washington, D C	0 3	3 1
Seattle	0 9	2 6
San Diego	1 0	2 2
Los Angeles	0 3	2 1
Atlanta	0 4	1 8
Phoenix	2 0	1 8
Boston	0 3	1 7
Chicago	0 5	1 6
Detroit	0 5	1 6
New Orleans	0 1	1 6
Baltimore	0 5	1 4
Cleveland	0 2	1 3
Kansas City	0 3	1 2
Buffalo	0 3	1 0
Minneapolis	0 4	0 8
Philadelphia	0 2	0 7
Oklahoma City	0 0	0 6
Indianapolis	0 2	0 5
St. Louis	0 0	0 4
Norfolk	0 3	0 4
Dallas	0 1	0 3
San Antonio	0 0	0 2
All other facilities in DAWN	0 1	0 6
National total	0 7	2 3

Cocaine Use – Continued

which may reflect a greater awareness among emergency-room staff of the potential implications of cocaine use—much of the increase is due to actual increased prevalence, including use of cocaine in combination with other substances. For example, 6% of all cocaine-related emergencies reported to DAWN in 1980 were reported in combination with the use of other substances, including alcohol.

Data on treatment support the conclusion that changes have occurred in patterns of cocaine use. Table 4 shows changes indicating increases in smoking and intravenous use in the period 1977-1980. Both these routes of administration result in more immediate and direct absorption of the drug and produce a quicker and more intense euphoria, while, at the same time, substantially increasing the possibility of acute toxic reaction.

Reported by NJ Kozel, MS, RA Crider, PhD, EH Adams, MS, Div of Data and Information Development, National Institute on Drug Abuse, US Public Health Svc, Dept of Health and Human Svcs.

(Continued on page 273)

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TABLE I. Summary – cases of specified notifiable diseases, United States

DISEASE		20th WEEK ENDING			CUMULATIVE, FIRST 20 WEEKS		
		May 22 1982	May 23 1981	MEDIAN 1977-1981	May 22 1982	May 23 1981	MEDIAN 1977-1981
Aseptic meningitis		59	88	64	1,479	1,351	965
Brucellosis		1	–	6	43	49	62
Encephalitis:	Primary (arthropod-borne & unspec.)	9	17	12	285	268	236
	Post-infectious	2	4	7	24	37	74
Gonorrhea:	Civilian	15,513	20,021	19,246	345,000	374,302	362,024
	Military	532	552	552	10,245	11,130	10,451
Hepatitis:	Type A	330	506	554	8,510	9,732	10,910
	Type B	431	387	290	7,781	7,452	6,227
	Non A, Non B	49	N	N	795	N	N
	Unspecified	168	217	213	3,456	4,199	3,867
Legionellosis		13	N	N	134	N	N
Leprosy		4	5	4	73	83	61
Malaria		29	10	17	303	490	194
Measles (rubeola)		31	140	843	591	1,530	8,546
Meningococcal infections:	Total	55	51	51	1,396	1,803	1,286
	Civilian	55	51	51	1,392	1,798	1,274
	Military	–	–	–	4	5	10
Mumps		150	100	353	2,978	2,072	7,774
Pertussis		20	13	20	406	390	409
Rubella (German measles)		130	45	724	1,293	1,148	7,526
Syphilis (Primary & Secondary):	Civilian	570	634	427	12,512	11,559	9,220
	Military	6	5	5	155	136	117
Tuberculosis		554	503	582	9,662	9,853	10,270
Tularemia		3	8	3	40	54	41
Typhoid fever		9	8	9	138	174	144
Typhus fever, tick borne (RMSF)		32	29	33	110	157	106
Rabies, animal		128	154	111	2,283	2,844	1,763

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1982		CUM. 1982
Anthrax	–	Poliomyelitis: Total	1
Botulism (NYC 1, Hawaii 1)	27	Paralytic	1
Cholera	–	Psittacosis (N.J. 3, Wash. 2, Calif. 1)	39
Congenital rubella syndrome	5	Rabies, human	–
Diphtheria	–	Tetanus (S.C. 1, Ala. 1, Texas 2, N. Mex. 1)	28
Leptospirosis (Maine 1, Texas 1)	24	Trichinosis (N.J. 1, Ohio 1, Tenn. 1)	46
Plague	3	Typhus fever, flea-borne (endemic, murine) (Texas 2)	7

N: Not notifiable

Cocaine Use – Continued

Editorial Note: Cocaine is an alkaloid derived from the leaves of the coca shrub (*Erythroxylon Coca*). The U.S. Pharmacopeia compound consists of white, orderless crystals or crystalline powder having a purity of 100% (± 1). Its current medical application is limited to topical use for anesthesia of the ear, nose, and throat, and for bronchoscopy.

Illegally distributed cocaine is often adulterated with a variety of substances including procaine, lidocaine, and amphetamines, as well as sugars, such as mannitol and lactose. The dangers involved in cocaine use include consequences of both acute and chronic use. Acute toxicity, similar to that caused by amphetamines, is characterized by nervousness, dizziness, blurred vision, and tremors, and may lead to convulsions, cardiac arrhythmias, and respiratory arrest. Chronic use is associated with ulceration and perforation of the nasal septum, weight loss, insomnia, anxiety, paranoia, formication, and hallucination.

The increased prevalence of cocaine use and of the health consequences associated with that use may be based on increasing availability and changes in the patterns of use. The U.S. Department of Justice estimated that between 40 and 48 metric tons of cocaine hydrochloride were imported into the United States in 1980, an increase of more than 50% over the previous year (7). In addition, changes in the route of administration of the drug from inhaling or "snorting" to freebasing (processing the cocaine into a pure form by removing the hydrochloride base and then smoking the freebase) and to intravenous use may be causing adverse health consequences.

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TABLE 4. Cocaine users admitted to federally funded drug-abuse programs, 1977-1980, United States

Route of administration	1977 No.	1977 %	1980 No.	1980 %
Inhalation	2,333	69	6,906	61
Intravenous	812	24	3,510	31
Oral	169	5	453	4
Smoking	34	1	340	3
Intramuscular	34	1	113	1
Total	3,382	100	11,322	100

Speedballing: Riding the Wild Seesaw

by Donna Rankin

John Belushi's recent death from an overdose of heroin and cocaine has focused national attention on use of the drugs in combination, a practice known on the street as "speedballing." And although the term sounds as though it could have been coined in a Saturday Night Live skit involving the Samurai warrior and the L.A. freeway, speedballing is *not* a recent development, and the only traffic involved is in acquiring the ingredients.

According to most observers, while speedballing has been around, in one form or another, as long as heroin and cocaine have been available, and while the use of heroin to soften the come-down from an extended coke binge (and vice-versa) has a long history in the annals of drug abuse, the simultaneous use of the drugs has achieved prominence only during the last two decades.

William Burroughs introduced the combination to the world of literature in his 1959 classic, *Naked Lunch*, a work which included graphic descriptions of speedballers mixing the drugs and injecting the speedball solution at one-minute intervals throughout the night.

But despite these auspicious literary beginnings, speedballing did not achieve great popularity until the middle and late-60s.

According to Phil Riccio, director of the Phoenix-based drug crisis center, Terros, speedballing is often described by users as a "rollercoaster" high, with cocaine producing an initial charge of stimulation that fades into a dreamy, narcotic high.

"Cocaine kicks off the trip . . . while the heroin mellows the harsh effects of coming down from the coke."

"The combination of the two is really sought after," Riccio told **Drug Survival News**. "Cocaine is much less drastic in effect (than heroin), but acting in the body like amphetamine, it causes a brief thrill, a rush of stimulation. (And) even though the coke wears off quickly, people look for that combination and rush. They feel that rocking and rolling . . ."

Other experts, including Dr. Sidney Cohen, professor of psychiatry at University of California's Neuropsychiatric Institute in Los Angeles, stress the complementary effects of the blend. "The combination tends to produce a smoother ride," Cohen told **DSN** in a recent interview, explaining that while cocaine reduces the sedating effects of the narcotic, "heroin eases the hyperstimulation and tends to moderate the wired-up, intense feeling that people (experience)" from cocaine.

The scientific literature on speedballing is limited, but intriguing. A particularly interesting example of speedball-related research is that of R. D. Pickett,

John Belushi 1949-1982

Dr. David E. Smith, founder and director of the Haight-Ashbury Medical Clinic in San Francisco, echoes Cohen's description of the combination's effects.

"Cocaine kicks off the trip with an intense rush, while the heroin mellows the harsh effects of coming down from the coke," Smith stated, adding that proportions of the mix vary according to user preference, with larger amounts of cocaine used by those seeking greater stimulation, and larger amounts of heroin favored by those seeking a more euphoric, narcotic-like high.

Riccio feels that drug purity, as well as user preference, affects the ratio of cocaine-to-heroin blended in the speedball solution. "If you mix disproportionately with heroin, you just feel junked-down," Riccio said, "but it depends on what's happening with the cocaine, how pure it is. If the coke is cut with other adulterants and additives, . . . it can cause nervousness, anxiety, rather than a clean 'up'."

But according to Smith, the most important factor in establishing proportions of the mixture is simply access to the ingredients. "The bottom line in proportional mix," Smith concludes, "is usually determined by drug availability."

which points up the awesome unpredictability of the combination and suggests that the wide range of effects produced by the drugs is a function of a poorly-understood synergism between heroin and cocaine.

The results of Pickett's 1970 study were, in many ways, paradoxical. He found that while a small amount of cocaine mixed with a larger amount of heroin *reduces* the depressant effects of heroin, equal amounts of the two drugs *potentiate* heroin's depressant effects, making a 50-50 heroin-cocaine mixture more powerful—and more lethal—than an equivalent amount of heroin by itself.

And although little additional research has been carried out in the years since, significant dangers are associated with the drugs in combination—partly a result of the ability of one drug to mask effects of the other.

Smith believes that the masking effects of heroin in the combination leave the user vulnerable to a number of serious risks tied to cocaine, including stimulant psychosis and cocaine toxicity. "Heroin allows one to use a much greater amount of cocaine than normal," Smith said. "The toxic consequences can be fatal."

Cohen attributes a number of additional dangers to use of the speedball combination, including potentially fatal respiratory impairment. "You think you're taking the antidote for the other drug (when injecting the two together)," Cohen said, "but it doesn't work that way. Both drugs will reduce respiratory activity and can produce apnea, a temporary lapse of breathing . . ."

Though cocaine, unlike heroin, does not cause physical addiction, the drug does produce strong psychological dependence, and Cohen believes the possibility for developing dependence may be exacerbated by use of the drug in combination with heroin. "It's such a high, a euphoric state, that it produces great compulsion to use," he explained. "I don't know that physical addiction would increase, but it seems that psychological (dependence) definitely could."

While speedballing itself is not all that new, something that *is* new about the combination is its use by middle-class and celebrity users. "It's all part of the upper-downer cycle that has been with us for decades," Smith says, "but the population using it is what's new. Middle-class speedballing is a fairly recent phenomenon."

Belushi's death is one indication of this shift in user populations, and although the Los Angeles County Coroner's Office declined to comment directly on the circumstances surrounding the death, its official report identified the cause as "an overdose due to intravenous injections of heroin and cocaine."

According to the report, Belushi had numerous fresh needle marks on both arms. Toxicological analysis disclosed the presence of cocaine, morphine, and other drugs in Belushi's body.

While a small amount of cocaine reduces the depressant effects of heroin, equal amounts of the two drugs potentiate heroin's effects . . .

Because of the absence of hard information about the circumstances surrounding Belushi's death, it is unknown whether or not the comic actor was using the drugs simultaneously or had simply used both over the course of the evening. But one thing about the circumstances of Belushi's death is clear, that our favorite not-ready-for-prime-time player left us unprepared for another prime-time drug death.

Adulterated Drugs Hall of Fame

by Christina Dye

Of all drugs available on the street market today, cocaine consistently ranks among the most popular and most often adulterated. Cocaine has evolved an impressive reputation as a status symbol over the years, a reputation justified by its price, if nothing else. At over $2,000 an ounce, cocaine is roughly three times as valuable as gold and a hundred times more so than silver. And, at those prices, the temptation to mix in a little of this and a dash of that in order to increase bulk and, therefore, profits is almost too powerful for the fast-buck entrepreneur to resist.

For analysis data compiled between August and October of 1981, cocaine samples comprised almost half (48 percent) of all drugs submitted. This figure compares with 1980 analysis data, in which cocaine samples constituted 41 percent of all drugs submitted for analysis. Further, it suggests that more than one cocaine afficianado has suspected adulteration of his stash. Justly so.

A quick glance at the analysis chart reveals that 203 cocaine samples (including unknowns assayed to contain some amount of cocaine), 77 (or 38 percent of all samples) were found to actually be unadulterated cocaine. However, 83 (or 41 percent) contained cocaine laced with varying amounts of bulking agents, extenders, and cuts. Miscellaneous pharmaceuticals, including inositol, procaine, and benzocaine (either singly or in combination), and mannitol were the most favored adulterants, at 20 and 12 percent respectively. Lidocaine was a close third at 9 percent. Surprisingly, only 7 percent of the samples analyzed contained additives only, and less than 1 percent were found to contain no drugs of any type. In the additives category, sugars such as lactose and sucrose vied for the coveted bulking agent award, with ascorbic acid (vitamin C) making a few special guest appearances.

A relative newcomer to the Adulterated Drugs Hall of Fame, but no less deserving of the distinction, is "lookalike" cocaine. Marketed under trade names like "Toot" and "PsuedoCaine," lookalike cocaine is currently available in paraphernalia centers around the country, and is increasingly being identified in batches of street cocaine. Ingredients in these upstarts are generally legally-available, over-the-counter stimulants, such as caffeine, and phenylpropanolamine, with benzocaine added for its anesthetic properties, in a lactose base. And, although generally sold as "incense" with the warning "not intended for human consumption," stiff prices of $75 to $175 an ounce certainly qualifies these lookalikes for inclusion in the Adulterants Hall of Fame, though as country cousins to their glittering prototype.

Finally, we should recognize the group of cocaine cuts and extenders which are unavailable for individual recognition because they remain anonymous. Twelve percent of cocaine samples submitted contained unidentified ingredients — anything from flour and menthol crystals to epsom salts.

While potential health problems linked to ingestion, injection, or inhalation of heavily adulterated cocaine have done little to tarnish the drug's reputation among true enthusiasts, for the unwary consumer cocaine can be, and often is, a ripoff. And, in the street drug world, where the ancient disclaimer *caveat emptor* — "let the buyer beware" — reigns supreme, it would be well for the inexperienced, the uninitiated, and the adventurous to remember that all that glitters is not "snow."

Street Drugs Analysis All U.S. August-October 1981 — Actual Contents (Main Ingredients) / Alleged Contents	Amphetamine	Methamphetamine	Caffeine	Caff. & Ephedrine	Ephedrine	PPA, Caff. & Eph. Combos	Cocaine	Cocaine & Lidocaine	Cocaine & Mannitol	Cocaine & Misc. Pharms	Additives Only	Diet Pills	Asthma Meds & Antihistamines	Barbiturate	Methaqualone	Misc. Tranquilizers	Diazepam (Valium)	Heroin	Heroin & Adulterants	LSD	Positive THC	PCP	MDA/MDM	Mescaline	Psilocybin	Cold & Allergy Meds	Unidentified	No Drugs	Totals
Amphetamine	1			1	2	13										1													18
Methamphetamine		4			1	2							1													2	2		12
Speed-Uppers		1			5	9											1									1	4	1	22
Cocaine					1	2	74	17	24	36	14		1														23	2	194
Downers						1											1											1	3
Methaqualone			1										4		18	1	6									13			43
Barbiturate																													
Heroin																			2									1	3
LSD																				8									8
Marijuana/Hashish																					11							1	12
PCP																												2	2
Angel Dust/THC																												1	1
MDA/MDM																							2						2
Mescaline																				2									2
Psilocybin																									2			1	3
Arthritis Meds																										1	1		2
Asthma Meds					1																								1
Diet Pills		1				2																							3
XTC/Ecstasy																												1	1
Opium																													
Unknown					4	10	3	1	1	4			1		3	4	1				2		1			2	6	32	75
Totals	1	6	1	1	14	39	77	18	25	40	14		7		21	6	9		2	10	13		3		2	19	36	43	407

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